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Credit Card Payment Form

Please Read Instructions before Completing this Form

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CENTRAL FAX CENTER
MAY 14 2007

Credit Card Information

Credit Card Type: ☐ Visa ☐ MasterCard ☒ American Express ☐ Discover

Credit Card Account #: [REDACTED]

Credit Card Expiration Date: 01/2011

Name as it Appears on Credit Card: Eugene M. Lee

Payment Amount: \$ (US Dollars): \$ 395.00

Cardholder Signature: [Signature]

Date: May 11, 2007

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A charge of purchase after the payment of a fee will not entitle the credit card holder to a refund of such fee. The Office will not refund amounts of \$10.00 or less unless a refund is specifically requested and is approved for the payment of such amount. (37 CFR § 1.236) Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.

Service Charge: There is a \$50.00 service charge for processing each payment received including a check returned unpaid or charged back by a financial institution. (37 CFR § 1.237(m))

Credit Card Billing Address

Street Address 1: Lee & Morse, P.C.

Street Address 2: 3141 Fairview Park Drive, Suite 500

City: Falls Church

State/Province: VA

Zip/Postal Code: 22040

Country: USA

PTO did not receive items marked with *

Daytime Phone #: 703.207.0008

Fax #: 703.207.0003

Request and Payment Information

Description of Request and Payment Information:

RCE Fee

<input checked="" type="checkbox"/> Patent Fee	<input type="checkbox"/> Patent Maintenance Fee	<input type="checkbox"/> Trademark Fee	<input type="checkbox"/> Other Fee
App. Control No. 104892,793	Application No.	Application No.	ICOM Customer No.
Patent No.	Patent No.	Registration No.	
Attorney/Agent No. 113708,129		Identify or Describe Mark	

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